



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>46 Sheridan</b>			District: <b>0828 Plentywood K-12 Schools</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
20	1794	No	Kanning, Corwin	7.50	_____
20	2204	No	Lindblom, Brad	4.00	_____
20	2205	No	Challes, Cindy	4.50	_____
20	2206	No	Bailey, Sandra	4.50	_____
20	2207	No	Bummer, Paula	7.50	_____
20	2208	No	Eggen, Kara	2.25	_____
20	2209	No	Kisler, Trudi	2.25	_____
20	2210	No	McCrary, Sherri	2.50	_____
20	2211	No	Ordahl, Heidi	2.50	_____
20	2212	No	White, Jonathan R	6.25	_____
20	2213	No	Whitlow, Jeffrey	2.00	_____
20	2425	No	Richardson, Virginia	1.25	_____